Custom CRISPR Application Form

Instructions:
The information provided will be used to recommend designs for your project. Please answer all questions in the spaces provided to help expedite your request. After completing the form, please email to **CRISPR@sial.com**.

For an example of a completed CRISPR Application, please **click here**.

Date

1. Target Sequence

1a. What genome are you interested in editing? (Please select one)

Human   Mouse   Rat   Other (genus species):

1b. Name of target gene and/or Gene ID:	1c. NCBI Ref Seq Number (e.g. NM_000111): *Need help finding Ref Seq?* **Click here**.

1d. Please paste target genomic DNA sequence below:

1e. Please specify additional transcripts to be targeted below:

2. Project Goals

2a. Please indicate the type of project:

Gene Knockout

Gene Modification (Please see options below. Use Section 7 if necessary.)

Conditional Knockout *Please paste sequence to be deleted.* *See Section 5 for LoxP information.*	
SNP Modification *Please specify 25 nt of genomic sequence upstream and downstream with modification(s) highlighted. (e.g. A>T)* *Example:* *Before: ACACCCTTCACGTCAGCAGTCGGCACTG AGTCCCTGGCACCAGGCTCTGG* *After: ACACCCTTCACGTCAGCAGTCGGCTCTG AGTCCCTGGCACCAGGCTCTGG*	Before: After:

Merck

	Insertion Sequence:
Insertion *Please paste insertion sequence and 25 nt upstream and downstream of insertion site.* *Example:* *ACACCCTTCACGTCAGCAGTCGGCA_CTGAGTCCCT GGCACCAGGCTCTGG*	
	Insertion Site:
Deletion *Please paste sequence to be deleted.*	Deletion Sequence:

2b. What is the model system for your project?	Cell Line and/or Whole Animal

<table>
<tr><td colspan="4" style="background:red">3. CRISPR Format
   Please indicate the format(s) you would like for your CRISPRs:</td></tr>
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3a. Plasmid
All-in-One Vector
    gRNA + Cas9 WT   GFP   or   RFP

Dual Vector
    Cas9   GFP   or   RFP   or   No Fluorophore
    gRNA

Paired Nickase
    Cas9D10A   GFP   or   RFP   or   No Fluorophore
    Paired gRNA

3b. RNA and Protein
    gRNA   Synthetic gRNA   or   *In vitro* transcribed gRNA
    Cas9 mRNA
    Cas9D10A Nickase mRNA
    Cas9 Protein

3c. Lentivirus
    Virus Particles
    Plasmid

Vector:	Cas9 Only Options	gRNA Only Options	All-in-One Options
	Cas9 Neo *(EF1a-Cas9-2A-Neomycin)* Cas9 Blast *(EF1a-Cas9-2A-Blasticidin)*	Gecko Puro *(U6-gRNA/human-teF1a-puro)* Gecko eGFP *(U6-gRNA/human-teF1a-tGFP)*	All-in-One *(U6-gRNA/truncated human-eF1a-puro-2A-Cas9-tGFP)* Sanger *(U6-gRNA/hPGK-puro-2A-tBFP)*

3d. CRISPR Activator
 	
    dCas9p300 Activator
 	
    gRNA
    (10 tiled gRNAs)
    Please paste activation region sequence.
	Activation Region Sequence:

4. Validation

4a. Would you like to order Sigma-Aldrich CRISPR Validation Service to test gRNA cleavage efficiency?   Yes   No

5. Donor Design

5a. Would you like to order Donor Design Service?   Yes   No

5b. Preferred Donor Format: ssDNA oligo   or   dsDNA plasmid

5c. Conditional KO LoxP Sequence Information
Sequences below will be used unless alternate sequences are provided.

Lox P Upstream
ATAACTTCGTATAATGTATGCTATACGAAGTTAT

Lox P Downstream
ATAACTTCGTATAATGTATGCTATACGAAGTTAT

6. Contact Information

6a. Title:	6b. First Name:	6c. Last Name:

6d. Institution or Company Name:

6e. Shipping Address (building name and street address):

6f. City/Town, State/Province, and Country (include ZIP code or postal code where appropriate):

6g. Email Address:	6h. Telephone (include country and area code):

6i. Name of Sales Representative:

6j. May we contact regarding future promotions?   Yes   No

7. Additional Information

7a. Please provide any additional project details below:

To place an order or receive technical assistance

Order/Customer Service: **SigmaAldrich.com/order**
Technical Service: **SigmaAldrich.com/techservice**
Safety-related Information: **SigmaAldrich.com/safetycenter**

Web Order: SigmaAldrich.com/CRISPR